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cost us some money, but think of it in these terms. If you had to send a provider, a specialist or a provider, up to, let's say, Valentine or Chadron, Nebraska, who came out of Good Samaritan in Kearney, they're going to reimburse that person a dollar a mile for travel. That's extremely expensive travel to do. That includes their time up and back and if they have to stay over. If they can do the same treatment and the same procedures without traveling, you've saved that...that money. What do you need to do to provide that? Well, the hardware, and for those of you who are...are maybe not in to all that, hardware is basically the computer that sits at your desk, the video screen, or the line that actually runs and connects these two spots. We're not talking about buying computers, video, audio for the hospitals and the clinics. We're talking about the ability to reimburse the line, the ability to pay for the cost to have that telecommunications line and, in many cases, that might be as much as ten or twelve thousand dollars a month. Because when they're looking down Senator Cudaback's throat and doing a procedure, you don't want somebody to pick up the line and disconnect it and they going, whoop. You want some dedicated line, some guarantee. And that's...that's what this whole bill is about, is allowing for the reimbursement of those transmission lines, allowing that it does not have to be a face to face meeting to get Medicaid reimbursement; that you can do those sorts of things remotely. Now who...who would use this? Well, I think a wide variety of people would use it. When I first introduced the bill, we had a fairly early starting date. The Department of Health and Human Services came in, expressed concerns about being able to put this together so quickly. Senator Jensen and the committee I think has worked very hard to put some compromise together. I think they've reached that and have stretched it back a year to give them a year to really write the rules and regulations about how you put in reimbursement, about what types of people could access that. You know, the fear is do you allow someone from far away to come in and treat who normally wouldn't come into this state? There is also fears about, well, it's going to take away from our physicians locally. Believe me, the physicians who use this see this as an expanded service they can provide. They love it. It's good medicine. What about the Medicaid people? Well, the fear is that maybe too many people are going to access Medicaid. Maybe more people are going to use this than they would use the